



## APPLICATION FORM

FOR THE POST OF:

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JOB REFERENCE:

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As it may be necessary to photocopy this form, if you are completing it by hand please use BLOCK CAPITALS and **black** or **blue** ink. A curriculum vitae (CV) will not be accepted in place of this application form.

### 1 PERSONAL DETAILS

LAST NAME: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

\_\_\_\_\_

EMAIL: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

POSTCODE: \_\_\_\_\_

### 2 REFERENCES

Please give the names and addresses of **two** persons, including your present or most recent employer, whom we may approach for a reference. Members of your family should not be given as referees. In normal circumstances references will only be taken up for those successful at interview. We reserve the right to contact any previous employer.

#### PRESENT OR MOST RECENT EMPLOYER

FULL NAME: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_

COMPANY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

EMAIL: \_\_\_\_\_

IS THIS A HOME ADDRESS?

TELEPHONE: \_\_\_\_\_

IF YOU **DO NOT** WISH US TO APPROACH THIS REFEREE  
PRIOR TO INTERVIEW, PLEASE MARK HERE

#### REFEREE 2

FULL NAME: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_

COMPANY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

EMAIL: \_\_\_\_\_

IS THIS A HOME ADDRESS?

TELEPHONE: \_\_\_\_\_

IF YOU **DO NOT** WISH US TO APPROACH THIS REFEREE  
PRIOR TO INTERVIEW, PLEASE MARK HERE

Kibble Education and Care Centre  
Scottish Charity No. SC026917  
Company limited by guarantee.  
Registered in Scotland No. SC158220  
Registered Office: Abercorn House, 79 Renfrew Road  
Paisley PA3 4DA



Kibbleworks  
Scottish Charity No. SC035861  
Company limited by guarantee.  
Registered in Scotland No. SC269349  
Registered Office: Abercorn House, 79 Renfrew Road  
Paisley PA3 4DA



### 3 PRESENT OR MOST RECENT EMPLOYMENT

JOB TITLE: \_\_\_\_\_

NAME OF EMPLOYER: \_\_\_\_\_

ADDRESS OF EMPLOYER: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATE OF APPOINTMENT: \_\_\_\_\_

DATE OF LEAVING: \_\_\_\_\_

PERIOD OF NOTICE REQUIRED: \_\_\_\_\_

PRESENT OR MOST RECENT SALARY: \_\_\_\_\_

FULL-TIME

PART-TIME

(PLEASE TICK APPROPRIATE BOX)

SUMMARY OF DUTIES AND RESPONSIBILITIES:

REASON FOR LEAVING/ WISHING TO LEAVE:

### 4 EMPLOYMENT HISTORY

PLEASE PROVIDE DETAILS OF YOUR EMPLOYMENT HISTORY TO DATE, STARTING WITH THE MOST RECENT AND ACCOUNTING FOR ANY PERIODS OF TIME SINCE LEAVING SCHOOL NOT SPENT IN EMPLOYMENT E.G. FULL-TIME EDUCATION OR OTHER CIRCUMSTANCES (CONTINUE ON ADDITIONAL SHEETS IF NECESSARY).

NAME AND ADDRESS OF EMPLOYER	FROM (MONTH AND YEAR)	TO (MONTH AND YEAR)	JOB TITLE AND MAIN DUTIES	REASON FOR LEAVING

5 SECONDARY, FURTHER AND HIGHER EDUCATION (OR EQUIVALENT)

SCHOOL/COLLEGE/ UNIVERSITY ATTENDED	FROM	To	SUBJECTS/COURSES	RESULTS

6 PROFESSIONAL QUALIFICATIONS OBTAINED		
NAME OF AWARDING BODY	QUALIFICATION	GRADE (IF APPLICABLE)

7 OTHER QUALIFICATIONS AND TRAINING NOT COVERED ABOVE			
TITLE	DATE	AREAS COVERED	WHERE UNDERTAKEN

8 MEMBERSHIP OF PROFESSIONAL ASSOCIATIONS	

PROOF OF ALL QUALIFICATIONS AND MEMBERSHIP OF PROFESSIONAL ASSOCIATIONS WILL BE REQUIRED BEFORE APPOINTMENT IS CONFIRMED.

9 INTERESTS	

10 DRIVING LICENCE	

DO YOU HOLD A CURRENT DRIVING LICENCE ?      YES         NO     
RESTRICTIONS & ENDORSEMENTS (PAST OR PENDING)

**11   ADDITIONAL INFORMATION IN SUPPORT OF YOUR APPLICATION**

*Please describe how your skills, knowledge and experience are relevant to the post applied for. Please consider carefully the information you have been given before completing this section. If necessary, continue on additional sheets of A4 paper. Please ensure your name and the post you are applying for are clearly marked on any supplementary sheets.*

<b>12</b>	<b>DECLARATION</b>
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I certify that, to the best of my knowledge, the information given in this form is accurate and without omission. I understand and agree that this information may be stored and processed in accordance with the Data Protection Act 1998 and that Kibble may take steps to verify the information I have provided, through references and checks of my qualifications and professional memberships. I also confirm that I am physically and mentally fit to undertake the role for which I have applied and there are no health issues that would prevent me from carrying out the responsibilities of the post.<sup>§</sup>

***Applicant's Signature*** \_\_\_\_\_

***Date*** \_\_\_\_\_

On completion, this form should be returned to:

<b>HR OFFICE KIBBLE EDUCATION AND CARE CENTRE GODDIE STREET PAISLEY, PA3 2LG</b>
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**PLEASE ENSURE THAT YOUR NAME AND THE TITLE OF THE POST YOU ARE APPLYING FOR  
ARE CLEARLY MARKED ON ALL ADDITIONAL SHEETS**

<sup>§</sup> Kibble will meet our obligations under the Equality Act 2010 to make 'reasonable' adjustments, where appropriate.